

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 3
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) CREDO SUPERPAC			FEC IDENTIFICATION NUMBER ▼ C C00507517		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: flex-end; gap: 10px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>					
Full Name of Payee Alliance Graphics			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: flex-end; gap: 10px;"><div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div><div>10 / 14 / 2014</div></div>		
Mailing Address 1101 8th Street, Suite 100			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1571.21</div>		
City State Zip Code Berkeley CA 94710		Transaction ID : SE.16416 Date of Disbursement or Obligation <div style="display: flex; justify-content: flex-end; gap: 10px;"><div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div><div>10 / 14 / 2014</div></div>			
Purpose of Expenditure Printing		Category/Type <div style="border: 1px solid black; padding: 2px;"></div>			
Name of Federal Candidate MITCH MCCONNELL			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">51698.67</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Credo Mobile			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: flex-end; gap: 10px;"><div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div><div>10 / 14 / 2014</div></div>		
Mailing Address 101 Market Street Suite 700			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2298.81</div>		
City State Zip Code San Francisco CA 94105		Transaction ID : SE.16417 Date of Disbursement or Obligation <div style="display: flex; justify-content: flex-end; gap: 10px;"><div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div><div>10 / 14 / 2014</div></div>			
Purpose of Expenditure Phones		Category/Type <div style="border: 1px solid black; padding: 2px;"></div>			
Name of Federal Candidate MITCH MCCONNELL			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">53997.48</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;">3870.02</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Becky Bond</u> <div style="text-align: center;">[Electronically Filed]</div>			Date <div style="display: flex; justify-content: flex-end; gap: 10px;"><div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div><div>10 / 15 / 2014</div></div>		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) CREDO SUPERPAC		FEC IDENTIFICATION NUMBER ▼ C C00507517
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Progressive Campaign Leadership		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 14 / 2014
Mailing Address 2446 University Ave. W., Suite 170		Amount 8290.65
City St. Paul	State MN	Zip Code 55114
Purpose of Expenditure Canvassing	Category/Type	Transaction ID : SE.16415 Date of Disbursement or Obligation MM / DD / YYYY 10 / 14 / 2014
Name of Federal Candidate MITCH MCCONNELL	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY
Calendar Year-To-Date Per Election for Office Sought 50127.46		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee The Spoken Hub		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 09 / 2014
Mailing Address PO Box 615		Amount 700.00
City Manhasset	State NY	Zip Code 11030
Purpose of Expenditure Phones	Category/Type	Transaction ID : SE.16414 Date of Disbursement or Obligation MM / DD / YYYY 10 / 09 / 2014
Name of Federal Candidate MITCH MCCONNELL	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY
Calendar Year-To-Date Per Election for Office Sought 41836.81		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	8990.65
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Becky Bond

[Electronically Filed]

Date

MM / DD / YYYY
10 / 15 / 2014

Signature

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee The Spoken Hub		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 15 / 2014	
Mailing Address PO Box 615		Amount 700.00	
City Manhasset	State NY	Zip Code 11030	Transaction ID : SE.16418
Purpose of Expenditure Phones	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 15 / 2014	
Name of Federal Candidate MITCH MCCONNELL		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY	
Calendar Year-To-Date Per Election for Office Sought 54697.48		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	700.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	13560.67

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Becky Bond

[Electronically Filed]

Date

MM / DD / YYYY
10 / 15 / 2014

Signature